

WebEx Instructions

The image shows the WebEx 'Join Meeting' interface with three numbered steps:

- Step 1:** The 'Join Meeting' form. It includes a text box for 'Your name', a text box for 'Your email address' (marked as optional), a 'Join Meeting' button, and a 'More ways to join' link.
- Step 2:** The 'Audio Connection' section. It features a 'Connect to Audio' button with a phone icon, a 'Call Me' button with a phone icon (described as 'The meeting will call you.'), and an 'I Will Call In' button with a phone icon. There is also a 'Call Using Computer' button with a monitor icon and a 'Change settings' link.
- Step 3:** The 'Audio Connection' dialog box. It contains the following instructions:
 - 1. Call
1-877-668-4493 (Call-in toll-free number (US/Canada))
1-650-479-3208 (Call-in toll number (US/Canada))
[All global call-in numbers](#)
 - 2. Enter this access code:
#
 - 3. Enter your Attendee ID:
37 #

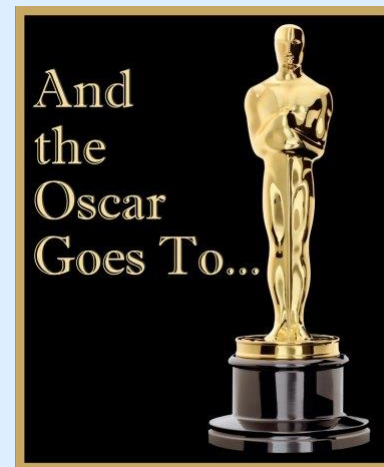
1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

Warm up poll

Which movie do you think should win Best Picture at the 2019 Oscars?

- a. Black Panther
- b. Blackkkklansman
- c. Bohemian Rhapsody
- d. The Favourite
- e. Green Book
- f. Roma
- g. **A Star is Born**
- h. Vice

winner



Ask questions in two ways:

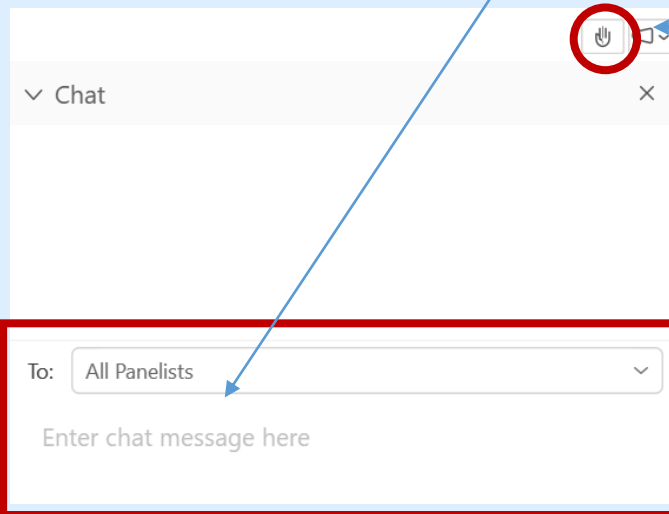
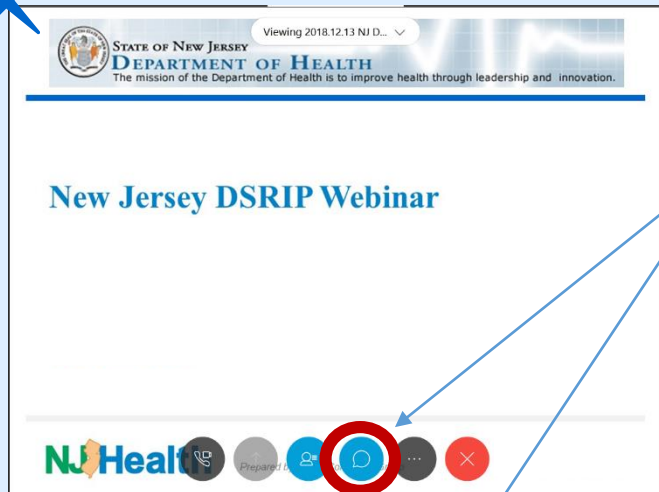
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP February 2019 Webinar

February 19, 2019

Today's Speakers:

Emma Trucks, PCG

Natassia Rozario, DOH

Hospital Panel:

Mary McTigue, Trinitas

Nicole Tursi, Inspira

Office of Healthcare Financing

Robin Ford, MS

Executive Director

Michael D. Conca, MSPH

Health Care Consultant

Alison Shippy, MPH



Prepared by Public Consulting Group

Objectives

- **By the end of this webinar, participants will be able to:**
 1. Describe new SUD programs rolling out in New Jersey.
 2. Identify strategies utilized by DSRIP hospitals to improve the health of their SUD population.
 3. Identify key changes to Databook 5.0 for review.
 4. Complete SRWs and MVTs completely and correctly.

Agenda

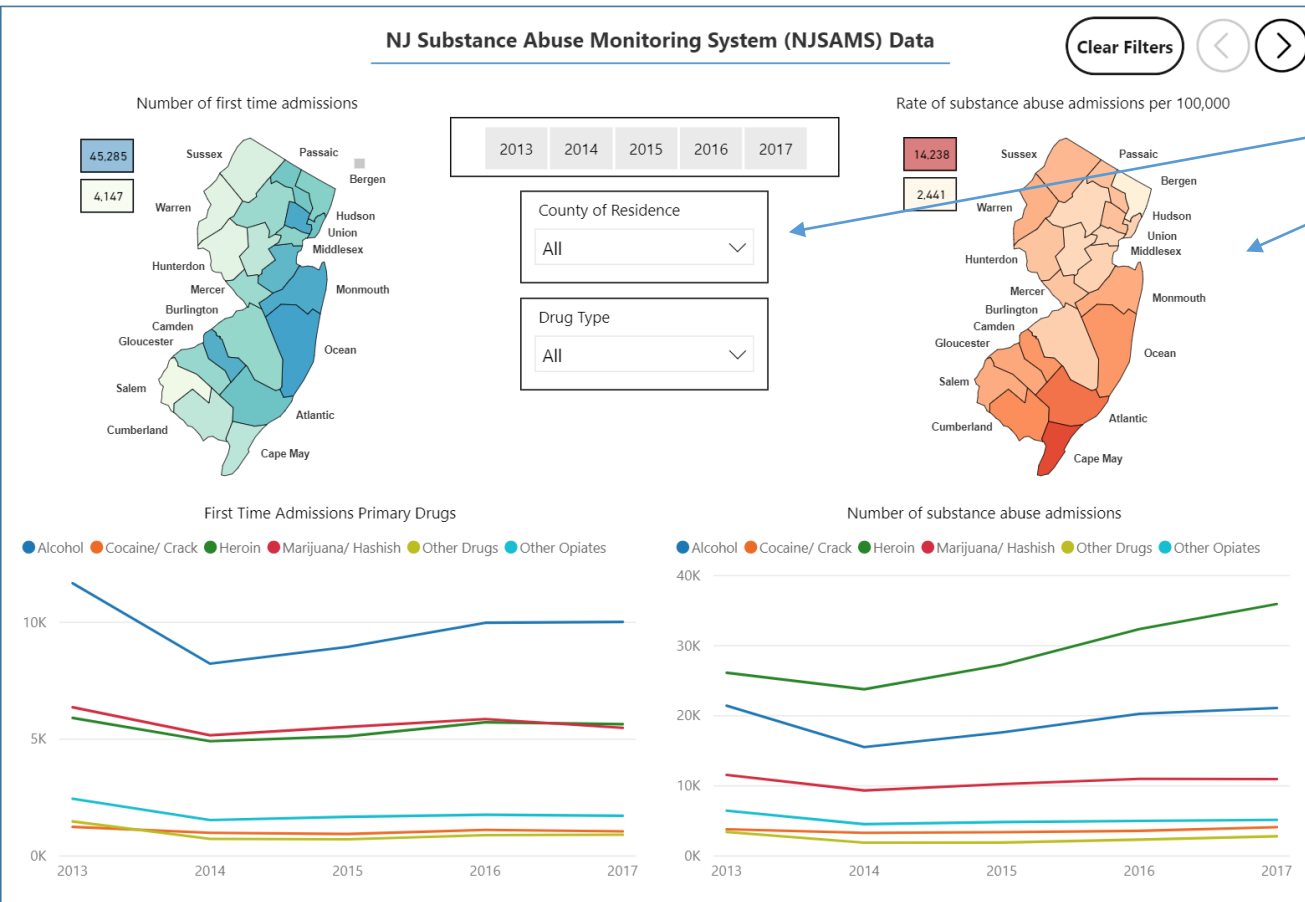
1. Update on SUD state programs
2. Hospital panel on best practices for SUD
3. Governance document update
4. Databook 5.0 update
5. Chart/EHR measure reporting requirements
 - a. Standard Reporting Workbook
 - b. Measure Verification Template
6. Webinar updates
7. Live meeting updates

State SUD Program Updates

New Jersey Opioid Data Dashboard

Presenter: Natassia Rozario, Director of Opioid Response and Policy, DOH

Dashboard: <https://www.nj.gov/health/populationhealth/opioid/>



Data by County

Dashboards for:

- Treatment Statistics
- Narcan Distribution
- Overdose Deaths

Direct questions about this program to Natassia Rozario: Natassia.Rozario@doh.nj.gov

Combating Opioid Epidemic: Resources to Access Now

State Program Overview: http://d31hzlkh6di2h5.cloudfront.net/20190123/12/fa/c5/b6/5f3c5db85aad3f1612be3e2/Opioid_Epidemic.pdf

Program Name	Description	Lead Agency
New Jersey County Substance Use Coordinator Contact List	https://www.state.nj.us/humanservices/dmhas/home/admin/#12	DHS

Combating Opioid Epidemic: New Programs Coming Soon

State Program Overview: http://d31hzlkh6di2h5.cloudfront.net/20190123/12/fa/c5/b6/5f3c5db85aad3f1612be3e2/Opioid_Epidemic.pdf

Program Name	Description	Lead Agency
Removal of MAT Pre-authorization	Rolling out in April	DHS
Office-based Addiction Treatment (OBAT)	Training and enhanced payment program for provision of MAT services under Medicaid	DHS
State Opioid Response grant (federal program)	Additional MAT training and support for providers	DHS
Housing Support	Recovery housing (sober, group living) and permanent supportive housing model for homeless individuals and child welfare involved families	DHS, DCA, DCF

Direct questions about these programs to Steve Tunney: Steven.Tunney@dhs.state.nj.us

DSRIP 38 Hospital Panel

DSRIP 38 – Engagement of alcohol and other drug treatment

Mary McTigue

Trinitas Regional
Medical Center

VP, Patient Care Services
Chief Nursing Officer

Nicole Tursi

Inspira Health Network

Inspira Drug & Alcohol
Team Supervisor

1. What is the best strategy you've implemented to improve the engagement of your SUD population?
2. Were there unintended benefits to your SUD engagement work?

DSRIP PROGRAM UPDATES

Governance Documents

Funding and Mechanics Protocol (FMP) & Planning Protocols (PP) Release

- Clean versions posted: <https://dsrip.nj.gov/Resources.html>
- Key updates include:
 1. Requirement for Three P4P Measures in DY7-8 Stage 2
 - Effected hospitals (7) have been notified
 2. DY7-8 Stage 3 High Performer Definition
 - Reviewed in December 2018 Webinar (<https://dsrip.nj.gov/LC.html>)

Funding and Mechanics Protocol (FMP) & Planning Protocols (PP) Release

3. DY7-8 Stage 2 & 3 Regression Provision:

- Stage 2:
 - First reviewed in April 26, 2018 webinar (<https://dsrip.nj.gov/LC.html>)
 - Regression provision now applies to all P4P measures in DY7-8
- Stage 3:
 - Review section VII.C.ii. of the FMP
 - If a hospital regresses from the DY6 baseline in DY7, the 5% improvement goal for DY8 is based on DY6 baseline, not DY7.

Funding and Mechanics Protocol (FMP) & Planning Protocols (PP) Release

3. DY7-8 Stage 3 Regression Provision:

- Example:

Line	Description	Example Calculation
1	DY6 Measure Value (Baseline)	50.00
2	DY7 Percent Improvement Required	5%
3	DY7 Required Increment of Improvement [Line 1 multiplied by Line 2]	2.50
4	DY7 Goal [Line 1 plus Line 3]	52.50
5	Hospital's DY7 Measure Result	48.50
6	DY8 Percent Improvement Required	5%
7	DY8 Required Increment of Improvement [Line 1 multiplied by Line 6]	2.50
8	DY8 Goal [Line 4 plus Line 7]	52.50

DSRIP PROGRAM UPDATES

Databook

Databook 5.0 Published

- Annual review and update of Chart/EHR based measures
- Clean and redline versions posted: <https://dsrip.nj.gov/Resources.html>
- Key updates:
 - Sections I-IV updated to reflect DY7-8 programmatic updates
 - All updates described in revision log: <https://dsrip.nj.gov/Resources.html>

Measure Name	Databook v5.0 Update
Eye Examination (DSRIP 39)	Added the exclusions of bilateral and unilateral eye enucleation
Cesarean Rate for Nulliparous Singleton Visits (DSRIP 23)	Updated the Appendix A-23 code set to include Gestational Age < 37 to comply with the measure specification
Major Depressive Disorder (MDD): Suicide Risk Assessment (DSRIP 59)	Added a 105-day look-back period to comply with the latest measure standards

DSRIP PROGRAM UPDATES

Standard Reporting Workbook (SRW)

Standard Reporting Workbooks

The Basics:

- Attribution rosters and SRWs distributed on 2/8/19
- SRW is an excel template used to collect chart/EHR data.
- Accessible via SFTP: <https://sftphealth.pcgus.com/ThinClient/WTM/public/index.html#/login>
- Completed SRWs due by **April 30th** via SFTP.

** This slide was updated from the original recording to reflect a new due date.*

Standard Reporting Workbooks

Breakdown by tab:

Descriptive Sheets

Introduction

Instructions and Examples

Stage 1 System Transformation
Measures

Stage 2 Project Measures

Stage 3 & Universal Measures

Data Collection Sheets

Submission Info

[Project Name] Tab

Stage 3 & Universal

Substitution

Stage 1

Standard Reporting Workbooks

Introduction

- Overview of workbook and completion checklist
- Includes information on how to submit the completed SRW



NJ DSRIP April 2018 Standard Reporting Workbook

Due: April 1, 2019

Annual Performance Period: Jan 1 - Dec 31, 2018

Attribution Period: Jan 1, 2017 - Dec 31, 2018

Patient Roster Version: February 2019

Please submit using the NJ DSRIP STFP

<https://sftphealth.pcgus.com>

After logging in, save the workbook in the hospital inbound folder

Measure Specifications and Sampling guidelines can be found in the Databook

<https://dsrip.nj.gov/Home/Resources>

Please review the information provided and, if needed, send questions to the NJ DSRIP Team (833-598-6635) or (njdsrip@pcgus.com).

Introduction

The purpose of the Standard Reporting Workbook is to collect performance measure data for the DSRIP program. This includes inpatient and outpatient data. Inpatient and emergency department data is collected and reported by the hospital. Outpatient data is collected and reported to the hospital from hospital-based clinic and/ or community-based clinic reporting partners.

Tab Name	Tab Description
Introduction	Overview of workbook and completion checklist
Instructions and Example	How to fill out workbook with examples. Includes definition of terms.
Stage 1 System Transformation	This tab can be used as a quick reference to the system transformation measures
Introduction	Instructions and Example
Stage 1 Transformation Measures	Stage 2 Project Measures
Stage 3 & Universal Measures	Submission Info
CC - Project 6	Stage 3 & Unive

Standard Reporting Workbooks

Instructions and Examples

- Includes definitions of each field

Field Definitions				
Project Code	Measure Information	Provider	Additional Provider (if applicable)	Additional Provider (if applicable)
	Measure Name	Hospital Name	Reporting Partner 1	Reporting Partner 2
	DSRIP #	NJ Medicaid Number	NJ Medicaid Number	NJ Medicaid Number
	Performance Period	Hospital Medicaid ID	Reporting Partner 1 ID	Reporting Partner 2 ID
	Initial Patient Total	Enter the total number of patients that meet the denominator criteria before sampling.		Leave cells blank (empty) if partner did not report for a measure.

- Demonstrates how to fill out workbook with inpatient and outpatient measure examples


Initial Patient Total	Denominator patient count before sampling	1036		
Denominator		250		
Numerator		56		
Weighting Factor (%)		100.00		
Measure Result (%)		22.40	-	-

Denominator patient count after using sampling rules (annual measure)

Stage 1 System
Transformation Measures

Stage 2 Project Measures

Stage 3 & Universal
Measures

- Presents a full list of measures associated with each stage
- Chart/EHR measures are highlighted 
- Stage 2 tab groups measures by project

Project 2 – Pediatric Asthma Case Management and Home Eval	
Project Code	Measure Name
2.1	CAC-1: Relievers for Inpatient Asthma
2.2	CAC-2 systemic corticosteroids for Inpatient Asthma
2.3	Use of Appropriate Medications for People with Asthma

Data Collection Sheets

- Primary data collection fields include:
 - Initial Patient Total: # of pts meeting denominator criteria
 - Denominator: # of pts meeting denominator criteria after sampling
 - Numerator: # of patients meeting numerator criteria
 - * *Some measures may include a few extra data collection fields*
- Hospital & reporting partner data entered into separate columns
- Remaining fields auto-populated with formulas

Standard Reporting Workbooks

Data Collection Sheets

Measure Information	Provider	Additional Provider (if applicable)
Controlling High Blood Pressure		
DSRIP # 31	NJ Medicaid Number	NJ Medicaid Number
Annual (Jan 1 - Dec 31, 2018)		
Initial Patient Total		
Denominator		
Numerator		
Weighting Factor (%)	-	-
Measure Result (%)	-	-
Provider Adjusted Result (%)	-	-

Standard Reporting Workbooks

Data Collection Sheets

Measure Information	Provider	Additional Provider (if applicable)
Controlling High Blood Pressure		
DSRIP # 31	NJ Medicaid Number	NJ Medicaid Number
Annual (Jan 1 - Dec 31, 2018)		
Initial Patient Total	Hospital enters data here	
Denominator		
Numerator		
Weighting Factor (%)	-	-
Measure Result (%)	-	-
Provider Adjusted Result (%)	-	-

Standard Reporting Workbooks

Data Collection Sheets

Measure Information	Provider	Additional Provider (if applicable)
Controlling High Blood Pressure		
DSRIP # 31	NJ Medicaid Number	NJ Medicaid Number
Annual (Jan 1 - Dec 31, 2018)		
Initial Patient Total		
Denominator		
Numerator		
Weighting Factor (%)	-	-
Measure Result (%)	Results auto-populate here -	
Provider Adjusted Result (%)	-	-

Standard Reporting Workbooks

Data Collection Sheets

Measure Information	Provider	Additional Provider (if applicable)
Controlling High Blood Pressure		
DSRIP # 31	NJ Medicaid Number	NJ Medicaid Number
Annual (Jan 1 - Dec 31, 2018)	Separate columns for hospital and each reporting partner	
Initial Patient Total		
Denominator		
Numerator		
Weighting Factor (%)	-	-
Measure Result (%)	-	-
Provider Adjusted Result (%)	-	-

Submission Info

- First section asks for hospital and reporting partner information
- Next, describe the sampling method, if applicable

Initial Patient Total	Minimum Required Sample Size
>1001	250
401 - 1000	25% of the Denominator Patient Population
151 - 400	100
76 - 150	75
46 - 75	45
1-45	No sampling; 100% of Denominator is required
<i>Refer to Databook 5.0 Section III for details on Sampling</i>	

- Finally, review the checklist which provides an overview of all required information

Standard Reporting Workbooks

Stage 2 Project Specific Tab

- Collects data relevant to your Stage 2 project

Stage 3 & Universal

- Collects data for Stage 3 and UPP

Substitution

- Collects data on any substitution measures

Stage 1

- Collects data on Stage 1 system transformation measures

DSRIP PROGRAM UPDATES

Measure Verification Template

The Basics

- New Chart/EHR reporting requirement for DY7-8
- Distributed February 8, 2019 via SFTP
- Completed MVTs due by **April 30th** via SFTP
- Improves State & CMS ability to review SRW data accuracy
- MVT requires reporting of patient level information and therefore contains protected health information (PHI)

** This slide was updated from the original recording to reflect a new due date.*

Measure Verification Template (MVT)

The Basics

- New Chart/EHR reporting requirement for DY7-8
- Distributed February 8, 2019 via SFTP
- Completed MVTs due by April 30th via SFTP
- Improves State & CMS ability to review SRW data accuracy
- MVT requires reporting of patient level information and therefore contains protected health information (PHI)



SFTP 

Measure Verification Template (MVT)

Part 1 - Abstraction questions

- Hospitals describe data collection methods by answering questions in the Abstraction Tab.
 - What tool or software was used in calculating the measure?
 - Was clinical data accessed digitally or in paper form?
 - Approximately how long did it take to recover the necessary data?
 - What were the sources of data used (e.g. EMRs, external lab facilities, health information exchanges, etc...)?
 - Other comments

Measure ID	Measure Name	What tool or software was used in calculating the measure	Was clinical data accessed digitally or in paper form	Approximately how long did it take to recover the necessary data	What were the sources of data used (e.g. EMRs, external lab facilities, health information exchanges, etc...)	Other comments
21	Central Line-Associated Bloodstream Infection (CLABSI) Event					
23	Cesarean Rate for Nulliparous Singleton Visits**					

Measure Verification Template (MVT)

Part 2 - Measures

- Tab for each Chart/EHR measure that the hospital must report
- Includes patient level information and numerator/denominator status for each patient included in your SRW totals
- Required fields include:

- Provider
- Patient First Name
- Patient Last Name
- Patient Middle Initial
- Recipient Medicaid ID
- Gender
- Date of birth
- Segmentation (if required for the measure)
- Inclusion in numerator
- Inclusion in denominator
- Eligible for denominator but excluded

Measure Verification Template (MVT)

DSRIP Measure #101

- DSRIP #101: Percent of PCP meeting Patient-Centered Medical Home Certification (PCMH)/ Advance Primary Care
- Doesn't require patient information, only administrative data to identify providers practicing within PCMH

Percent of PCP meeting PCMH (NCQA)/ Advance Primary Care (SHIP)					
DSRIP #: 101					
Primary Care Provider First Name	Primary Care Provider Last Name	NPI	Practice Name	Practice Address	PCMH/Advanced Primary Care Status



Poll 1

Have you accessed and reviewed your attribution rosters, SRWs and MVTs already?

- a. Yes (45%)
- b. No (55%)

DSRIP PROGRAM UPDATES

Upcoming Events

DSRIP 38 Specification Training

- DSRIP 38's specification is currently under review by DOH
- A recording of the specification review will be published on website
- DSRIP 38 specification Q&A will be deferred to March webinar, after the posting of the specification review

March Webinar

- March 14th @ 10am
- Agenda to include:
 - Central Line-Associated Bloodstream Infection (CLABSI) Event (DSRIP 21) Measure Specification Review
 - Program updates

Upcoming Webinar Measure Poll

Measure Name	DSRIP #	NJ Data Source	P4P or P4R
30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	1	MMIS	UPP sub
30-Day All-Cause Readmission Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	2	MMIS	UPP Sub
30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization	4	MMIS	UPP Sub
Ambulatory Care – Emergency Department Visits	8	MMIS	P4P/UPP
Asthma in Younger Adults Admission	14	MMIS	UPP
Cesarean Rate for Nulliparous Singleton Visits	23	Chart/ EHR	P4P/UPP
COPD Admission Rate	32	MMIS	UPP
Diabetes Short-Term Complications Admission Rate	36	MMIS	P4P/UPP
Elective Delivery	37	Chart/ EHR	UPP
Follow-up After Hospitalization for Mental Illness – 7 days post discharge	41	MMIS	P4P
Heart Failure Admission Rate	45	MMIS	UPP
Hospital Acquired Potentially Preventable Venous Thromboembolism	47	Chart/ EHR	UPP
Pediatric Central-Line Associated Bloodstream Infections (CLABSI) – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	63	Chart/ EHR	UPP
Percentage of Live Births Weighing Less Than 2,500 grams	67	MMIS	UPP
Postoperative Sepsis	74	Chart/ EHR	UPP
Well-Child Visits in First 15 Months of Life	88	MMIS	P4P

** Results of this poll to be released by DOH in a later communication.*

- Date:
March 20th from 10:30-3:30
- Location:
NJHA Conference Center
760 Alexander Rd
Princeton, NJ 08543
- Lunch and coffee provided

Objectives:

1. State key trends in DSRIP cohort performance;
2. Utilize PDSA strategies to test and adopt changes for improvement in practice;
3. Learn from PDSA best practices implemented by peers;
4. Create an action plan to advance new PDSAs or adopt existing practice changes when you go back to your DSRIP team.

Target Audience:

- DSRIP Team members responsible for leading or participating in quality initiatives

Registration:

- 2 members per hospital
- 1 system level representative for health systems with multiple DSRIP Hospitals
- [Register](#) by March 1st!

Pre-Work/Story Board:

- A short PPT story board template will be circulated and submitted by hospitals prior to March 20th
- Story boards will be used in small group breakouts to share improvement work



Q & A

Ask questions in two ways:

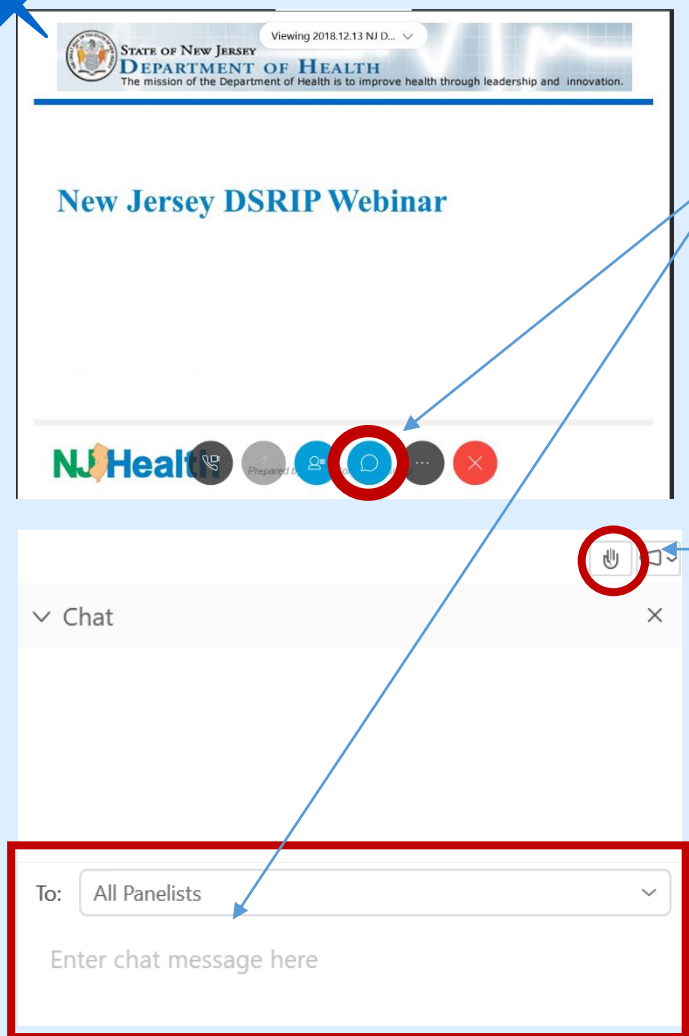
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Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

- **Please answer the following evaluation questions**
 1. How would you rate this activity?
5 = Excellent; 1 = Very Poor
 2. Did you feel that this webinar's objectives were met?
 - Describe new SUD programs rolling out in New Jersey.
 - Identify strategies utilized by DSRIP hospitals to improve the health of their SUD population.
 - Identify key changes to Databook 5.0 for review.
 - Complete SRWs and MVTs completely and correctly.
 3. Please provide suggestions to improve this educational session.